

**New Jersey Department of Health and Senior Services  
Public Health and Environmental Laboratories  
PO Box 361  
Trenton, NJ 08625-0361**

**REQUISITION FOR VIRAL SEROLOGY**

Testing for viral serology is done on serum and cerebrospinal fluid (CSF) specimens. Please send at least 2 ml of serum and at least 1 ml of CSF for proper testing to proceed. Specimens should be maintained at 2-4° C and shipped on **ICE** to the Lab, with the **completed** form. Testing for West Nile Virus (WNV) requires acute and convalescent sera. Acute serum and CSF should be drawn 8 -10 days after onset of symptoms. Convalescent serum should be drawn 14 - 21 days after the acute sample. Red Top Tubes ONLY, no hemolysin. Red Top Separator Tubes are acceptable to use.  
**IMPORTANT: Results will be faxed to the submitter.**

**STATE LAB USE ONLY**

Date Received

Accession No.

*(Please print clearly with black ballpoint pen.)*

Patient Name (Last)		(First)	(MI)	DOB / /	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address			City	State	Zip Code	
Onset Date	Dx or Test(s) Requested					
<b>FAX REPORT TO</b>	Physician Name and Address (Print)				Telephone Number ( )	
					Fax Number (REQUIRED) ( )	
<b>Type of Specimen and Date(s) Collected</b> <u>SERUM</u> <u>DATE</u> <input type="checkbox"/> Acute                      _____ <input type="checkbox"/> Convalescent                      _____ <input type="checkbox"/> CSF                      _____				<b>Travel History</b> Domestic (Outside NJ): <input type="checkbox"/> Yes <input type="checkbox"/> No Where (List): When (List Date(s) of Travel): Foreign (Outside of Continental US): <input type="checkbox"/> Yes <input type="checkbox"/> No Where (List Country, etc.): When (List Date(s) of Travel):		
<b>Vaccination History</b> Yellow Fever Vaccine: <input type="checkbox"/> Yes <input type="checkbox"/> No Date(s) given (List):						
1. Pertinent Clinical Information - Brief history; clinical findings; relevant lab data.   2. CSF Results: Total WBC _____ Differential _____ %POLYS _____ %LYMPHS _____ PROTEIN _____mg% GLUCOSE _____ mg%						

***Following the above criteria will help to ensure the most complete and accurate results possible. Failure to follow the above instructions and/or provide the information requested may cause delays in processing and/or indeterminate/inconclusive results.***